No. 300
10.48

H. Foster

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31235

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 308

1941 D

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: REYNOLDS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Twp. 32 0900 1
d. STREET ADDRESS (If rural, give location): BUNKER

3. NAME OF DECEASED (Type or Print)
a. (First): ARVLE
b. (Middle): EARL
c. (Last): STRANGE

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 17. 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 17. 1899
9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months: 5 Days: 0
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): BUNKER Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN STRANGE
13b. MOTHER'S MAIDEN NAME: GEORGE ANNA WHARTEN
14. NAME OF HUSBAND OR WIFE: LUCY STRANGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 499-03-5473
17. INFORMANT'S SIGNATURE OR NAME: LUCY STRANGE
ADDRESS: BUNKER Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) c hypertension — unknown.

II. OTHER SIGNIFICANT CONDITIONS* — *Conditions contributing to the death but not related to the disease or condition causing death.* Acute manic psychosis — 2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 11, 1951, *to* Sept 17, 1951, *that I last saw the deceased alive on* Sept 17, 1951, *and that death occurred at* 3:03 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Foster (Degree or title): M.D.
23b. ADDRESS: Desloge Mo.
23c. DATE SIGNED: 9-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 18. 1951
24c. NAME OF CEMETERY OR CREMATORY: BUNKER
24d. LOCATION (City, town, or county) (State): BUNKER Mo.

DATE REC'D BY LOCAL REG.: Sept. 18, 1951
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: Hobson-Grantham
ADDRESS: Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 23 1951
DISTRICT HEALTH OFFICE No. 4
File No. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Boone Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.